



TRANSMITTAL FORM

Application Serial Number	10/088,277
Filing Date	June 19, 2002
First Named Inventor	Berger
Group Art Unit	3725
Examiner Name	Lowell Larson
Attorney Docket No.	20496-323
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response (8 pages) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input checked="" type="checkbox"/> Petition for Extension of Time (1 page) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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**MAILED UNDER EXPRESS MAIL MAILING LABEL NO.:
EV 719218905 US**

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

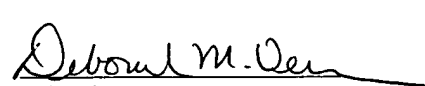
Date: March 31, 2006
Reg. No.: 55,699
Tel. No.: (617) 526-9836
Fax No.: (617) 526-9899

Respectfully submitted,

Deborah M. Vernon
Attorney for Applicants
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600



EXPRESS MAIL MAILING LABEL NO. EV 719218905 US

PATENT TRANSMITTAL I FY 2005					Complete if Known			
					Application Serial Number		10/088,277	
					Filing Date		June 19, 2002	
					First Named Inventor		Berger	
					Group Art Unit		3725	
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					Attorney Docket No.		20496-323	
METHOD OF PAYMENT					FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other					4. ADDITIONAL FEES			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.								
<input type="checkbox"/> Applicant claims small entity status.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	Filing	Search	Examination	Fee Paid	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
Utility	300	500	200		130	65	Surcharge - late filing fee or oath	
Design	200	100	130		50	25	Surcharge - late provisional filing fee or cover sheet	
Plant	200	300	160		130	130	Non-English specification	
Reissue	300	500	600		2,520	2,520	Request for ex parte re-examination	
Provisional	200	0	0		120	60	Extension for reply within 1 st mo.	
					450	225	Extension for reply within 2 nd mo.	
					1,020	510	Extension for reply within 3 rd mo.	1,020.00
					1,590	795	Extension for reply within 4 th mo.	
					2,160	1,080	Extension for reply within 5 th mo.	
					500	250	Notice of Appeal	
					500	250	Filing a brief in support of an appeal	
					1,000	500	Request for oral hearing	
					400	0	Petitions to the Director	
					180	180	Submission of IDS	
					790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
					790	395	For each additional invention to be examined (37 CFR 1.129(b))	
					100	100	Certificate of Correction for applicant's error	
					110	55	Submission of Terminal Disclaimer	
					Other fee (Specify) _____			
					Other fee (Specify) _____			
					4. TOTAL:			1,020.00
2. EXCESS CLAIM FEES								
				Fee	Small Entity Fee (\$)			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.				50	25			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.				200	100			
Total Claims						Extra Claims		Fee Paid (\$)
- 20 or HP= _____ X \$50 =								\$
HP = highest number of total claims paid for, if greater than 20								
Indep. Claims						Extra Claims		Fee Paid (\$)
- 3 or HP= _____ X \$200 =								\$
HP = highest number of total claims paid for, if greater than 3								
Multiple Dependent Claims				Fee(\$) 360	Small Entity fee (\$) 180		Fee Paid (\$)	
2. TOTAL:								0.00
3. APPLICATION SIZE FEE								
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Additional 50 or fraction thereof		Fee (\$)	Fee Paid			
				round up to a whole number x =				
-100 = /50 =								
3. TOTAL:								0.00
CORRESPONDENCE ADDRESS								
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899								
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					TOTAL AMOUNT SUBMITTED (S) 1,020.00			